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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/579,588	02/12/2007	Petrus Wilhelmus Nicolaas Maria Van Leeuwen	U 016293-3	4763	
140 LADAS & PAF	7590 06/03/200 RRY LLP	9	EXAMINER		
26 WEST 61ST		WITHERSPOON, SIKARL A			
NEW YORK, NY 10023			ART UNIT	PAPER NUMBER	
			1621		
			MAIL DATE	DELIVERY MODE	
			06/03/2009	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonvious Summons	10/579,588	VAN LEEUWEN ET AL.	
Interview Summary	Examiner	Art Unit	
	Sikarl A. Witherspoon	1621	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Sikarl A. Witherspoon</u> .	(3)		
(2) <u>Raymond Diperna</u> .	(4)		
Date of Interview: <u>02 June 2009</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2) <mark> applicant's representative</mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	ı)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>applicants' representative application</u> .			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/Sikarl A. Witherspoon/			

Application No.

Applicant(s)